



Risk & Danger

- RISK & DANGER, *L. DONOSO BACH*
- THE RISKS AND BENEFITS OF MEDICAL TREATMENTS, *A. FREEMAN*
- IMPROVING RISK LITERACY, *M. JENNY*
- HEALTHCARE & ENTERPRISE RISK MANAGEMENT, *P. KEADY*
- CYBER INFECTION CONTROL, *J. MUCKLOW ET AL*
- BLOCKCHAIN TECHNOLOGY THE SOLUTION TO HEALTHCARE'S DATA WOES?, *S. KLEIN ET AL*
- WEARABLES RISK, *J. BOCAS*
- RADIOLOGY SPECIALTY AT RISK? *S. BAKER*
- RISKS OF CONTRAST AGENT ADMINISTRATION, *H. THOMSEN*
- WHISTLEBLOWING IN HEALTHCARE, *P. WILMSHURT*
- WHY I BECAME A RADIOLOGY WHISTLEBLOWER, *S. CHOWDHURY*

FUTURE OF IMAGING, *P. SIDHU*

THE LATEST IN BREAST IMAGING, *G. FORRAI*

SERVANT LEADERSHIP: A JOURNEY, NOT A RACE, *L. BELTON ET AL*

HOW TO ENERGISE COLLABORATIVE THINKING, *D. MAGBOULE*

PROTECT YOUR MEDICAL DEVICE SYSTEMS, *ECRI*

MEDICAL DEVICE SECURITY

TESTING LABS LAUNCHED, MEDICAL STUDENTS & EHR USAGE *L. ROBSON*

5 BUSINESS ANALYTICS TOOLS TO IMPROVE OPERATIONS, *J. SCHWARZ*

LAB AUTOMISATION & NEW REVENUE DOORS, *S. POLHILL*

RESPONSIBLE RESEARCH INNOVATION, *P. KAPTEIN*

REVOLUTIONISING CARDIOVASCULAR MEDICINE, POINT OF CARE

FOUNDATION, *D. HILMI*

NEW INDICATIONS FOR CORONARY CT ANGIOGRAPHY, *V. SINITSYN*

ULTRASONOGRAPHY IN CLINICAL PRACTICE: NEW ROLES FOR AN OLD ACTOR?, *S. S. ÖZBEK*

ATRIAL FIBRILLATION, *R. WAKILI*

PERSON-CENTRED APPROACHES, *C. WRIGHT*

AFRICA HEALTHCARE FEDERATION, *A. THAKKER*



Behind closed doors – Point of Care Foundation

A recent Point of Care Foundation report provides insights into the pressures faced by British healthcare staff and how these can be overcome.



Dalia Hilmi

Staff Editor,
HealthManagement.org

dh@healthmanagement.org

@ehealthmgmt

healthmanagement.org

How employers feel at work has been the subject of debate for quite some time, particularly within the healthcare sector. It is widely agreed that staffs' happiness largely depends on the environment that they work in and thus affects their overall performance.

The UK National Health Service (NHS) has faced scrutiny over the last few years and naturally staffs' wellbeing is particularly important as the pressures they face can ultimately have consequences on patients.

A report recently issued by The Point of Care Foundation has published a new briefing - Behind Closed Doors - highlighting that NHS staff have become the "shock absorbers" of an NHS under chronic strain.

According to the report, the Point of Care Foundation highlight how critical it is that NHS employers pay attention to staff so that a positive attitude can be carried through to the patient experience.

The report recommends that staff experience should be given equal priority with patient experience at all levels of the healthcare system. Organisers should encourage frontline staff to look after themselves, to pay attention to their own and their colleagues' wellbeing, to alert their managers to pressures that can be alleviated, and to let them know when they need support, in particular allowing staff to access psychosocial support and forums for reflective practices.

"This report deserves attention. Everything in it is directly reflected in the work that the RCM has carried out with our own members – midwives and maternity support workers," Chief Executive of the Royal College of Midwives (RCM), Cathy Warwick told HealthManagement.org. "The report says that it is hard to deliver the best care in an environment in which staff themselves don't feel cared about. After seven years of pay restraint and the average midwife seeing their salary drop in value by over £6, 000 we need the government to show staff they value them by removing the public sector pay cap and making the funds available to pay NHS staff a fair pay rise. This report echoes what the RCM has been saying for years, that investment in staff is an investment in high quality, safe care."

Next year, 2018 marks the NHS' 70th birthday and perhaps within the next twelve months, the suggested recommendations from the report will indeed be taken on board so that this birthday can truly be a cause to

celebrate a healthcare system which cares for both its staff and its patients.

Commenting on the report, Ed Smith, Immediate Past Chair of NHS Improvement said the report sat well with Developing People-Improving Care which was launched late last year. "It is very clear that greater attention to how people feel, what they do and how they stay primarily focused on "point of care" activity delivers better outcomes and is what our patients and public want," he said.

However, it seems the pressure is felt everywhere. The NHS is coming under an increasing amount of pressure within a financially-challenged environment. Not only are hospitals, emergency departments, ambulances services at the forefront of public attention, but also in general practice and in community and mental health services. In fact, the report suggests that a large area of interest is in leadership and cultural challenges and how both impact frontline staff and interactions with patients.

"Trying to steer the NHS from the top is like trying to turn a super-tanker. We would like to see more attention being paid to supporting bottom-up initiatives that resonate with staff and which appeal to their intrinsic motivation to care for patients", said the report.

In response to the report, Professor Neena Modi, President of the Royal College of Paediatrics and Child Health commented on the growing demand on the NHS. "Patient expectations are rightly rising, yet investment in the healthcare workforce is failing to keep pace even though the country can and should afford to do better."

"The report highlights the pressures on NHS staff and calling for more support to protect their wellbeing. But it is only one part of the answer; there must also be long-term investment in the workforce and in UK healthcare."

The NHS is the UK's biggest employer, employing nearly 1.6 million people (Royal College of Physicians 2015). In 2016 only 31% of staff felt there were enough personnel for them to do their job properly, (NHS Staff Survey 2016).

Every year for the past four years, dating back to 2012, 15% of NHS staff have been subjected to physical violence from patients, relatives and members of the public, and near to one in five staff say they have experienced bullying, harassment, or abuse from either their line manager or other colleagues (NHS Staff Survey 2016). According to the Behind Closed Doors report, the NHS working environment

is tough in most areas, and there is convincing evidence that for black and ethnic minority staff it is even more so.

The way forward

Going forward, it is crucial to improve the working environment for staff so that the culture is more supportive and to create teams with climates that are more protective. Decisions taken at every level of the NHS affect relationships between professionals and it is vital that these decisions have the end goal of supporting staff and patients at the point of care.

In the latest NHS staff survey, the majority of staff reported that they did feel their organisation and managers were concerned for their health and wellbeing. 67% of staff reported that their manager took a positive interest in their health and wellbeing, and 90% felt the organisation was actively interested in positive action.

These results are indeed promising and hopefully a step in the right direction. In order to do so as well as to ensure that interactions between patients and frontline staff are the primary determinant of patient experience, and that staff wellbeing matters to patients, there are a few recommendations in place.

Firstly, staff are encouraged to look after themselves, pay attention to their own and their colleagues' wellbeing, alert their managers to pressures that can be alleviated, and let them know when they need support.

Staff should also actively use their voice to raise concerns about quality of care, safety and patients' experiences where necessary.

It's important to contribute ideas and insights to improve patients' and families' experience of care and also take responsibility for acting on them. Not only this, but staff need to be aware of themselves as 'on-stage' when they are within sight of patients, and remember to take the time to introduce themselves by name and make that human connection.

Finally, staff should honour the fact that patients and carers know what matters most to them, make time to listen to them and ensure that they have the opportunity to influence the way their care is delivered.

Recommendations for leaders of NHS organisations

Since the decisions that senior leaders make a large impact on staff and their relationships with patients at the point of care, the leaders of NHS organisations are also given a few important recommendations. According to the report, leaders need to recognise that healthcare staff are highly motivated by altruism and the desire to care for patients and to enable line managers to create environments that support job satisfaction.

It's also crucial that leaders make psychosocial support systemically available to staff across the organisation. As

mentioned, staffs' attitude and mental state flows down through to the patients' experience so the problem needs to be addressed from the top.

Leaders also need to provide access to reflective practice for all staff, demonstrating organisational buy-in for organisation-wide interventions such as Schwartz Rounds, the international initiative that offers healthcare providers scheduled time during their fast-paced work lives to openly discuss the social and emotional issues they face in caring for patients and families, and also smaller, alternative interventions (such as team or ward-based practices) for those who struggle to attend.

Spending time with staff and observing the delivery of care and understanding fully the nature of the operational problems that prevent staff from being at their best with patients, will also help to improve the current system.

Finally, leaders are encouraged to build capacity within the organisation to use patient-focused tools and techniques to improve the quality of care, giving frontline teams the authority and responsibility for improving patients' and families' care experiences.

Recognising that, even though national bodies and regulators use data to monitor performance, it is frontline staff who collect this data, and anything that uses up time at the frontline and is not directly patient-related reduces the time staff spend with patients.

NHS England, NHS Improvement, the Care Quality Commission and local commissioners are therefore strongly recommended to:

- Continue to use their powers to simplify and reduce duplication, volume, frequency and confusion over the reports they require from providers
- Place greater emphasis on encouraging providers to examine and improve their own performance over time and rewarding them for doing so and less on comparing organisations with one another.

Perhaps with enough effort and encouragement, the NHS can become an environment where staff feel that they are valued and feel positive both in and out of work. Indeed, what's clear is that the issues no doubt start from the apex of the entire system and leaders need to be setting an example, in order for the system to run smoothly, and, ultimately look after both the staff and the patients.

As Cathy Warwick concludes, "We must act now if the public is to get the care they deserve."



REFERENCES

Royal College of Physicians (2015) Work and wellbeing in the NHS: why staff health matters to patient care. [Accessed 1 August] Available at: www.rcplondon.ac.uk/guidelines-policy/workand-wellbeing-nhs-why-staff-health-matters-patient-care

NHS Staff survey, 2016 [Accessed 30 June 2017]. Available at: www.nhsstaffsurveys.com/Caches/Files/20170306_ST16_National%20Briefing_v6.0.pdf